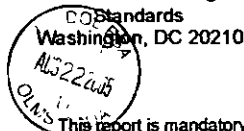


**LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT**



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U -  12328	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Ike L Ratiff  P.O. Box, Bldg., Room No., if any  Street 9251 Porter Row City Ryland Heights State KY ZIP Code + 4 4015	4. Name, file number, and address of labor organization.  Name IBEW Local #212 Labor Organization File Number 011-118  P.O. Box, Building and Room Number, if any Suite 101  Street 1216 E. McMillan St. City Cincinnati State OHIO ZIP Code + 4 45206
5. Position in labor organization.  (SUB) Local Union 212 IBEW Supplemental Unemployment Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/11/05  
Date

859-356-3224  
Telephone Number

Name of Person Filing <u>Ike L Ratliff</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Local 212 Benefit Office</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 204</u></p> <p>Street <u>1216 E. McMillan St.</u></p> <p>City <u>Cincinnati</u></p> <p>State <u>OH</u> ZIP Code + 4 <u>45206</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Local 212 Supplemental Unemployment Fund</u></p> <p>Trade Name, if any: <u>SUB</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>Same</u></p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>Reimbursement of lost time wages</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$173.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>IN performance of Trustee duty</u></p> <p>12.b. Amount. <u>\$173</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

**L.U. NO. 212 I.B.E.W. BENEFIT OFFICE**

1216 EAST MCMILLAN STREET, SUITE 204  
CINCINNATI, OHIO 45206  
(513) 861-4800

(H&W) Local No. 212 IBEW Health and Welfare Benefit Plan  
(Pension) International Brotherhood of Electrical Workers Local Union No. 212 Pension Plan  
(SUB) IBEW Local No. 212 Supplemental Unemployment Benefit Plan

Ike L. Ratliff  
9251 Porter  
Ryland Heights. KY 41015

**EXPENSES ASSOCIATED WITH 2004 CONFERENCE - INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS**

<u>Date of Check</u>	<u>Fund</u>	<u>Check #</u>	<u>Amount</u>
None			

**LOST TIME WAGES**

<u>Date of Check</u>	<u>Fund</u>	<u>Check #</u>	<u>Hours</u>	<u>Gross</u>	<u>FICA</u>	<u>Federal</u>	<u>State</u>	<u>City</u>	<u>Net</u>
9/17/2004	SUB	3630	3	\$72.72	\$5.56	\$2.18	\$1.23	\$1.53	\$62.22

LM-10 and LM-30 Disclosure  
Statement  
1/1/2004 - 12/31/2004